2002 SLC Annual Meeting   **Photo Here**
MEDICAL RELEASE & WAIVER - (Children - ages 6-17 years)

Name of child_____
            (please print)   **(Note: ONE FORM PER CHILD)**

In the event of an emergency, any designated medical personnel has my/our permission to administer first aid or to obtain medical treatment for my/our child as our agent if we cannot be reached within a reasonable time period. I/We further authorize any licensed physicians, dentist, or hospital to provide surgical, medical, dental treatment or nursing care for my/our child when such treatment is deemed necessary by such physician, dentist or hospital while my/our child is participating in the Youth Program provided by the Southern Legislative Conference Annual Meeting and the Louisiana 2002 Host State Committee.

Such authorization may include, but is not limited to, administration of necessary anesthetics, medical treatments, test, X-ray examinations, transfusions, injections, or drugs, and performance of whatever operation may be deemed necessary or advisable. I/We understand that I/we are giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and that it is being given for the purpose of authorizing any person acting as our agent or as our child's attending physician to give such consents, as in the exercise of their best judgement, they may deem advisable. I/We agree to pay all expenses incurred due to an emergency surgical or medical treatment involving my/our child.

I/We understand that the Children/Youth Program staff will be unable to dispense any medication to my/our child at any time.

Does your child have any medical allergies (including food allergies)? ____   ____
                                       Yes   No
If yes, please describe:
_____
_____
_____
_____

Does your child have health limitations or special needs ? ____   ____
                                     Yes   No
If yes, please describe:
_____
_____
_____
_____

Are there any medications that your child is currently taking ? ____ ____
                                     Yes No
If yes, please describe:
_____
_____
_____
_____

In case of emergency, please contact:
_____
_____
(Name)   (Phone Number)

Parent/Guardian:_____
Parent/Guardian:_____
                  (Please Print Name)   (Signature)

                             Date:_____